

## PART B - FEE(S) TRANSMITTAL



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27476

7590

11/01/2006

NOVARTIS VACCINES AND DIAGNOSTICS INC.  
 CORPORATE INTELLECTUAL PROPERTY R338  
 P.O. BOX 8097  
 Emeryville, CA 94662-8097

12/14/2006 EAYALEW2 00000078 10643349

01 FC:1501 1400.00 OP  
 02 FC:1504 300.00 OP

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Esperanza McClure (Depositor's name)

*Esperanza McClure* (Signature)

December 12, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/643,349

08/19/2003

Robert Seid

2300-1357.10

3803

TITLE OF INVENTION: NEISSERIA MENINGITIDIS SEROGROUP B GLYCOCONJUGATES AND METHODS OF USING THE SAME

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	02/01/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
DEVI, SARVAMANGALA J N	1645	424-197100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Roberta L. Robins

2 Amy L. Hessler

3 Alisa A. Harbin

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Chiron Srl

Siena, Italy

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☒ Advance Order - # of Copies 3

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5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Amy L. Hessler*

Date *12* December 2006

Typed or printed name Amy L. Hessler

Registration No. 50,310

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